

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43310
Registrar's No. 99

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 6128		Registrar's No. 99	
1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Shannon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence		c. LENGTH OF STAY (In this place) 17 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence		d	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Danny		b. (Middle) Dean		c. (Last) Nichols		4. DATE OF DEATH (Month) (Day) (Year) Dec 1-50	
5. SEX M 0 W		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0		8. DATE OF BIRTH Jan 19-1938	
9. AGE (In years last birthday) 48 11 10 11		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Clerk		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Eminence, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME C J Nichols		13b. MOTHER'S MAIDEN NAME Birdie Strain		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs C J Nichols Eminence, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRAIN HEMORRHAGE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) TEMPORAL BONE FRACTURE DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 MINUTE 2 MINUTES E 9108 47	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) WOODS		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) EMINENCE SHANNON MO.		21f. HOW DID INJURY OCCUR? HIT BY FALLING LIMB WHILE WORKING	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) DEC 1 1950 3:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Dec 1, 1950, to Dec 1, 1950, that I last saw the deceased alive on Dec 1, 1950, and that death occurred at 3:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Joseph P. Fernandez, Jr., Coroner		23b. ADDRESS Eminence		23c. DATE SIGNED 12/5/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 4-1950		24c. NAME OF CEMETERY OR CREMATORY New		24d. LOCATION (City, town, or county) (State) Eminence, Mo.	
DATE REC'D BY LOCAL REG. 12-11-50		REGISTRAR'S SIGNATURE Mabel Rose		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 13 1950

DISTRICT HEALTH OFFICE No. 6

File No.

MAY 22 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Licensed Embalmer No. 4325

P. O. Address Mt View Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.